

2/5~

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	wnB	8063	8-3-00
RESPONSE FORMALITY REVIEW			9-14-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5-1-03
2	12-8-02
3	5-18-02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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